

# Retail Liquor License Reissue Application

## Instructions

1. To be used to apply for a reissued license.
2. Submit application to your local city or county licensing. Do not submit to the State.
3. There is a mandatory fine of \$500.00 plus \$25/day for each day after the 90th day of expiration.
4. Submit the appropriate reissue license fee by license type:

<b>License Type</b>	<b>Fee</b>
Arts License (city) .....	\$ 308.75
Arts License (county) .....	\$ 308.75
Beer & Wine (city) .....	\$ 351.25
Beer & Wine (county) .....	\$ 436.25
Brew Pub (city) .....	\$ 750.00
Brew Pub (county) .....	\$ 750.00
Club License (city) .....	\$ 308.75
Club License (county) .....	\$ 308.75
Distillery Pub (city) .....	\$ 750.00
Distillery Pub (county) .....	\$ 750.00
Entertainment Facility License (city) .....	\$ 500.00
Entertainment Facility License (county) .....	\$ 500.00
Fermented Malt Beverage and Wine (city) .....	\$ 96.25
Fermented Malt Beverage and Wine (county) .....	\$ 117.50
Fermented Malt Beverage On Premises (city) .....	\$ 96.25
Fermented Malt Beverage On Premises (county) .....	\$ 117.50
Hotel & Restaurant (city) .....	\$ 500.00
Hotel & Restaurant (county) .....	\$ 500.00
Hotel & Restaurant / Optional Premises (city) .....	\$ 600.00*
Hotel & Restaurant / Optional Premises (county) .....	\$ 600.00*
Liquor Licensed Drug Store (city) .....	\$ 227.50
Liquor Licensed Drug Store (county) .....	\$ 312.50
Liquor Store (city) .....	\$ 227.50
Liquor Store (county) .....	\$ 312.50
Lodging Facility License (city) .....	\$ 500.00
Lodging Facility License (county) .....	\$ 500.00
Optional Premises (city) .....	\$ 500.00
Optional Premises (county) .....	\$ 500.00
Racetrack License (city) .....	\$ 500.00
Racetrack License (county) .....	\$ 500.00
Resort Complex (city) .....	\$ 500.00
Resort Complex (county) .....	\$ 500.00
Retail Gaming Tavern (city) .....	\$ 500.00
Retail Gaming Tavern (county) .....	\$ 500.00
Tavern (city) .....	\$ 500.00
Tavern (county) .....	\$ 500.00
Vintner's Restaurant (city) .....	\$ 750.00
Vintner's Restaurant (county) .....	\$ 750.00

\* Plus \$100.00 for each optional premises



Phone Number

Email

Operating Manager

Phone Number

Date of Birth (MM/DD/YY)

Home Address

City

State ZIP Code

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**1.** Do you have legal possession of the premises at the street address above?..... Yes No  
 Are the premises owned or rented? Owned Rented If rented, expiration date of lease

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**2.** Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested..... Yes No

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**3a.** Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?.. Yes No

**3b.** Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.?..... Yes No

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**4.** Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation..... Yes No

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**5.** Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation..... Yes No

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**6.** Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation..... Yes No

## Affirmation & Consent

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I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant / Authorized Agent of Business

Title

Signature

Date (MM/DD/YY)

## Report & Approval of City or County Licensing Authority

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The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C.R.S.

**Therefore this application is approved.**

Local Licensing Authority For

Date (MM/DD/YY)

Title

Signature

Attest

## Tax Check Authorization, Waiver, and Request to Release Information

I,

am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter

“Waiver”) on behalf of

(the “Applicant/Licensee”)

to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee’s liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. (“Liquor Code”), and the Colorado Liquor Rules, 1 CCR 203-2 (“Liquor Rules”), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and its duly authorized employees, to act as the Applicant’s/Licensee’s duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business)

Social Security Number/Tax Identification Number

Home Phone Number

Business/Work Phone Number

Street Address

City

State ZIP Code

Printed name of person signing on behalf of the Applicant/Licensee

Applicant / Licensee's Signature (Signature authorizing the disclosure of confidential tax information) Date Signed

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**Privacy Act Statement**

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Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a.